

SCULLY, SCOTT, MURPHY & PRESSER
400 GARDEN CITY PLAZA
GARDEN CITY, NEW YORK 11530

Telephone: (516) 742-4343
Facsimile: (516) 742-4366
E-Mail: intprop@ssmp.com

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To: U. S. Patent and Trademark Office Attention: Corrected Filing Receipt

Date: November 5, 2001

Fax # 703-308-7751 Pages 3

From: SCULLY, SCOTT, MURPHY & PRESSER

Re: Richard Weisbart, et al.
U.S. Patent Appln. No. 09/966,119
TREATMENT OF IMMUNE-MEDIATED DISEASES
BY ORAL ADMINISTRATION OF PLASMA
FRACTIONS ENRICHED IN IMMUNOGLOBULIN G
Our Docket: 13589

COMMENTS:

The Filing Receipt for the above-identified patent application has the residences of the applicant's missing, and also the Total Claims and IND Claims are incorrect. The corrected Filing Receipt should read: **Richard Weisbart, Los Angeles, California; and Leon E. Barstow, Tucson, Arizona. Total Claims 27 and Ind. claims 6.**

Please send to us a corrected Filing Receipt with the information as it is shown on the pages to follow.

Thank you.

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/966,119	09/28/2001	1614	587	13589		28	27

CONFIRMATION NO. 4420

SCULLY, SCOTT, MURPHY & PRESSER
400 Garden City Plaza
Garden City, NY 11530

FILING RECEIPT



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Date Mailed: 10/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Richard Weisbart, Residence Not Provided;
Leon E. Barstow, Residence Not Provided;

PLEASE ADD: ↘

RICHARD WEISBART, LOS ANGELES, CA;
LEON E. BARSTOW, TUCSON, AZ

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/236,255 09/28/2000

Foreign Applications

If Required, Foreign Filing License Granted 10/26/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

" SMALL ENTITY "

Title

Treatment of immune-mediated diseases by oral administration of plasma fractions enriched in immunoglobulin G

Preliminary Class

514

UTILITY PATENT APPLICATION TRANSMITTAL
(Small Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.
13589

Total Pages in this Submission
4

Fee Calculation and Transmittal

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	27	- 20 =	7	x \$9.00	\$63.00
Indep. Claims	6	- 3 =	3	x \$40.00	\$120.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$355.00
OTHER FEE (specify purpose) _____					\$0.00
TOTAL FILING FEE					\$538.00

- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 19-3886/RCT as described below. A duplicate copy of this sheet is enclosed.
- ☒ Charge the amount of \$538.00 as filing fee.
 - ☒ Credit any overpayment.
 - ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
 - ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated: September 28, 2001

Signature

Frank S. DiGiglio
Registration No.: 31,346

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400 Garden City Plaza



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JAN 17 2002

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Bib Data Sheet

CONFIRMATION NO. 44389

SERIAL NUMBER 09/966,119	FILING DATE 09/28/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO 13589	
APPLICANTS Richard Weisbart, Los Angeles, CA; Leon E. Barstow, Tucson, AZ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/236,255 09/28/2000 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/26/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
ADDRESS SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City ,NY 11530					
TITLE Treatment of immune-mediated diseases by oral administration of plasma fractions enriched in immunoglobulin G					
FILING FEE RECEIVED 587	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		